



APPLICATION FOR EMPLOYMENT

Riverdale Schools

20613 State Route 37
Mt. Blanchard, OH 45867

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

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Last Name	First	Middle	Date
Street Address			Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell ()
City, State, Zip			Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year Location			Social Security Number - -
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When would you be available to begin work?
Other special training or skills (languages, machine operation, etc.)			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?

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School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business / Trade / Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1

Company Name	Phone Number ()
Address	Employed - (State month and year) From to
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

2

Company Name	Phone Number ()
Address	Employed - (State month and year) From to
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

3

Company Name	Phone Number ()
Address	Employed - (State month and year) From to
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

4

Company Name	Phone Number ()
Address	Employed - (State month and year) From to
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s)	Reason
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MILITARY

Did you serve in the U.S. Armed Forces?

☐ Yes

☐ No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying:

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age, or national origin.)

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature

Request for a Criminal History Record Check

RIVERDALE LOCAL SCHOOL DISTRICT

The District is prohibited from inquiring about prior criminal convictions of any applicant on an application form. However, certain employees of the District must undergo a criminal background check as a condition of employment. An employee who has been convicted of or pleads guilty to one or more of the disqualifying offenses enumerated in the Ohio Revised Code may be deemed ineligible to work in the District.

By signing below, understand and agree that, pursuant to law,

- A. the Board of Education must request a criminal history check on me from the Bureau of Criminal Intelligence and Investigation and possibly from the Federal Bureau of Investigation;
- B. until that report is received and reviewed by the District, I am regarded as a conditional employee; and
- C. I may be deemed ineligible to work for the District based on the results of my background check and immediately released from employment as a result.

I hereby authorize such a records check and agree to pay the fee charged by the Bureau of Criminal Intelligence and Investigation and any additional fees associated with an FBI check.

Date

Signature